NOVA SCOTIA

Strategic Directions for Nova Scotia's Mental Health System

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Strategic Directions for Nova Scotia's Mental Health System

Overview

The mental health of the population is dependent upon many determinants. One of these determinants is the formal mental health system, a complex combination of services and agencies which are interlinked and dependent upon one another. Increasingly, this formal system is reaching out to involve and partner with others in areas which were traditionally outside its scope of influence. It is becoming more community-based and integrated across the lifespan and across service locations. More emphasis is being placed on promotion, prevention and advocacy. These represent planned change which mental health stakeholders support.

Other areas within the formal mental health system requiring change have been outlined in recent reports (*Mental Health: A Time for Action*, 2000, *A New Step Forward*, 1998). Continuing to build on previous work (*A Vision for the Future*, 1992), stakeholders have been involved in creating this document which outlines the direction for mental health system development over the next five to ten years. Objectives, action plans and targeted timelines are outlined. The roles of the Mental Health Section of the Department of Health and the District Health Authorities and the IWK in achieving the objectives are identified.

The Department of Health is committed to tracking activity against these objectives and reporting on progress and action plans on a regular basis.

Health System Vision

Individuals and communities working together achieving a healthier population.

Mental Health Vision

Our vision of the mental health of Nova Scotians is one in which consumers and communities can attain their optimal level of mental health. Programs and services will run the gamut from mental health promotion to acute care. They will be unified, coordinated, flexible, offered on a district basis and geared to the needs and desires of the consumer.

Mental Health Core Values

We believe in:

Client and Community Centredness

· We value a consumer-focused, community-based approach to planning and decision-making. Service and the processes that create and sustain them will be inclusive and accepting of all people. Consumers and communities are the central focus at the core of our system.

Equitable Access

· Our community-based mental health system will be distinguished by the province-wide equitable access which it offers. Partnering with communities will be key to this.

Evidence-Based Best Practices

· Those responsible for our system are accountable to ensure that an evidence-based approach is used to introduce and sustain the best practices. Our outcomes-oriented system will be driven by demonstrated improvement in the mental health of the population.

An Integrated, Systems Approach

· We value a comprehensive continuum of well-coordinated services and supports. Mental health is integral to an overall vision for population health. Toward that end, it will be integrated with other health system components that address the determinants of health.

Consumer and Community Involvement

· Consumers and communities will be involved in the planning, implementation and monitoring of the mental health system. There will be a true partnership between administrators, care providers, consumers and communities to ensure that the programs are needs based and subject to accountability.

Policy Objectives for the Mental Health System in Nova Scotia

Policy Objectives	Responsibility		Activity to Date	Activity to Date
	Mental Health Services Section (Department of Health)	**District Health Authorities & IWK**	**2002-2003**	**2003-2004**
1. System Alignment				
• an explicit vision, shared among various stakeholders, including consumers and families is periodically reviewed and forms the basis of the mental health policy	lead a process to engage stakeholders in review of the vision for mental health services ensure alignment with the vision for the health system	participate in review of the vision for mental health services	review of the mental health vision was undertaken as the first step in mental health strategy development	——
• strategic directions are formulated and implementation plans developed in alignment with the business planning cycles of government	develop a planning schedule which is compatible with business planning timelines lead development/review of strategic directions engage in cross-sector planning	develop implementation plans which incorporate strategic directions while reflecting community characteristics/needs participate in development/review of strategic directions	all planning timelines are aligned with the business planning process for 2003/04	all planning time lines are aligned with the business planning process for 2004/05

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	Mental Health Services Section (Department of Health)	**District Health Authorities & IWK**	**2002-2003**	**2003-2004**
• annual objectives are developed, monitored and evaluated in accordance with accountability cycles of government	lead development of annual system objectives develop a monitoring schedule which is compatible with accountability reporting timelines report annually on progress towards meeting health system objectives	participate in development of annual objectives incorporate objectives into annual business plans provide progress reports as per monitoring schedule	objectives for 2003/04 will be developed for inclusion in the gov. business plan and reporting in the annual accountability report	Self-Assessment determined priorities: a) enhanced core services for children & youth b) enhanced crises services across the life span c) community supports across the life span First quarter 04/05 self-assessment will determine priorities for the fiscal year 2004-05
• mental health legislation supports the mental health vision	advise government on mental health legislation	align services to comply with legislation	a Mental Health Legislation Development Committee has been established	Discussion paper circulated to stakeholders March 19/04 Responses due in ny April 30/04 This will provide direction for drafting legislation in 2004/05

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	Mental Health Services Section (Department of Health)	**District Health Authorities & IWK**	**2002-2003**	**2003-2004**
2. Service Delivery				
• core programs are accessible to all Nova Scotians provided within health districts, through partnerships among/between districts or through designated sites which serve the whole province	work with DHAs/IWK to identify appropriate distribution of services based on critical mass and other quality considerations	work with DoH to identify appropriate distribution of services develop service partnerships with other districts, where indicated	standards for core program services outline siting considerations	———
• routes into mental health services are local, accessible and coordinated, and accommodate both rural and urban populations	foster the creation and implementation of consistent protocols for intake into the mental health system	participate in the development of common tools for eligibility screening and triage	the benefit of developing provincial tools has been identified	Draft uniform triage and assessment tools being developed for outpatient services
• standards for mental health services are implemented across Nova Scotia	lead a process to establish and disseminate health system standards which provide guidance for quality service delivery support phased implementation of standards by establishing priorities, approaches and funding	participate in the development of health system standards participate in the establishment of implementation priorities incorporate priorities into annual business plans	draft standards have been approved by the DoH priorities have been identified by the MH Steering Committee	Speciality standards: Sexually Aggressive Youth Youth Court Assessment Seniors Mental Health Concurrent Disorders Neurodevelopment C&Y Approved: HSQC March 22/04 CMHA Report Card
• standards are regularly reviewed and revised to reflect best practice	establish a process for regular review and revision of standards	participate in the regular review and revision of standards	planning to start by Jan 2003	Annual review completed February, 2004

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3. Monitoring and Evaluation				
• a provincial quality improvement approach forms the basis for planning and evaluation of the mental health system.	establish mechanisms to review and improve health system quality	establish mechanisms at the district level which will link to system-level quality improvement	for discussion at the MH Steering Committee prior to March 2003	
this includes:				
▸ annual monitoring of compliance with established standards for mental health system performance	work with districts to identify monitoring and audit priorities develop an annual monitoring schedule	participate in the development of priorities		
	facilitate annual review processes	participate in annual review		
▸ annual joint and transparent review of the utilization of the mental health services with particular emphasis on the analysis of trends and patterns of service use across the province	provide annual info./data on estimated prevalence, distribution and service utilization of persons with mental illness			
▸ establishment of a minimum data set with adherance to a common data dictionary	lead development of a minimum data set for the province	participate in the development of a minimum data set	in progress through the Monitoring Working Group	

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	Mental Health Services Section (Department of Health)	**District Health Authorities & IWK**	**2002-2003**	**2003-2004**
• review of critical incidents spanning provincial, national and international jurisdictions to inform risk management	establish environmental scanning and reporting processes inform districts/IWK of emerging issues	contribute to information gathering develop risk management strategies		
• The results of the results of regular monitoring of the mental health of Nova Scotians and the determinants of health are published in alignment with the accountability reporting cycles of government	develop a population health-based framework for monitoring mental health in N.S.	incorporate mental health indicators in information provided to the public about district health and health care		CIHI Framework adopted Consumer Satisfaction Pilot HoNOS Pilot Bed Strategy & Utilization Committee established
• annual review of resource allocation is conducted, particularly in light of utilization patterns, compliance with standards and the unique needs, determinants and health characteristics of each of the districts	issue annual utilization and expenditure analysis report	provide information and reports to create profile of district services, characteristics and needs	important tools to review resource allocation are now available to the DoH (MIS reports, standards impact assessment, utilization stats)	COGNOS access to MHOIS by DHAs/IWK Data bases integrated CDHAs/IWK MH Profiles

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4. Health Human Resources • current and future human resource requirements within the mental health system are incorporated into a provincial health human resource strategy	contribute to provincial planning by providing information and expertise relevant to mental health services	participate in and provide information required for provincial health human resource planning	standards impact assessment provides some useful HHR information	updated annually based on self-assessment results
• the allocation of training resources should reflect emerging technology and be in keeping with health system priorities	facilitate access to research evidence and best practice information foster identification of health system training priorities and consistent training opportunities	incorporate research evidence and best practice into mental health practices participate in planning for system-wide collaboration in priority training	recommendation made to initiate working group on training needs	Provincial training established for: a) DSM IV b) PSR training in progress c) Sexually aggressive youth Core competencies for approved speciality standards have been identified MH Branch is collaborating with Provincial Registered Nurses Development Centre to provide an education program to meet the speciality knowledge and skill requirements of registered nurses entering the field of mental health

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5. Governance and Funding				
• there is a Director of Mental Health in each district/IWK responsible for mental health service planning and resource allocation, and accountable for mental health system performance	foster integrated planning and accountability across the age and core program continuum	ensure comprehensive and competent leadership for mental health services	objective has been incorporated into draft standards	DHA 6 & & in final stages of recruiting senior director
• non-portable funds are allocated specifically for the delivery and development of mental health services and tracked through the standard use of MIS codes	monitor the appropriate expenditure of mental health allocations	provide MIS reports as per required format and schedule	MIS project is nearing completion - reports have been generated for review	Inpatient services reporting now operational Movement to MIS reporting corresponding to MH Core Programs incomplete to date

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6. Participation				
• mental health consumers and family members, their caregivers and communities are involved in planning, development and evaluation activities within the formal mental health system	lead development of strategies to link family members, their caregivers and communities with opportunities for meaningful participation	establish and promote opportunities for meaningful involvement within the district establish and maintain liaison with local advocacy groups develop mechanisms to monitor involvement	planning in progress through the Consumer Involvement Working Group	Annual consumer led initiative grants ($150,000) Honoria for consumers involved in committee/working groups for MH Renewal Meaningful Consumer Involvement Document Process for annual assessment being developed
• mechanisms to support meaningful involvement of consumers and family are accessible to consumers, consumer support groups and provider organizations	lead development of provincial tools and mechanisms in support of meaningful participation	provide mechanisms to support meaningful participation within the district	planning in progress through the Consumer Involvement Working Group	CMHA grant $30,000 for consumer involvement in MH Youth Navigator position established at IWK

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7. Promotion, Prevention and Advocacy • education about mental illness, mental health care and mental health services will be provided through a variety of mechanisms for consumers and their families, care providers and the public	identify relevant information sources and communication mechanisms coordinate information development at the provincial health system-level	identify effective local mechanisms for information dissemination participate in identifying opportunities for provincial information dissemination	development of a communication strategy (including education/information) is under way	SSNS $15,000 grant to foster consumer involvement in planning & service delivery CMHA: Patient Rights Booklet Web site established www.gov.ns.ca/health/mhs
• consumers and their families have the opportunity to be involved in the education of the community and service providers about mental health issues	involve consumers and their families in the planning and provision of provincial education	involve consumers and their families in the planning and provision of district education	will be included in the communication strategy	Assessment strategy for compliance and gaps
• efforts to reduce stigma and discrimination experienced by people with mental health problems are targeted to areas where there is evidence of effectiveness	lead development of a provincial anti-stigma strategy	participate in the development of a provincial anti-stigma strategy	planning in progress through the Anti-stigma Working Group	Media Watch Project March/04 PPA Network Working Group established to develop a provincial framework for Promotion, Prevention & Advocacy for Mental Health